P25000018384 FC 3.31.25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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2025 MAR 29 PM 3:00

2025 MAR 29 PM 3:22

US

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: $70.00
Authorization Signature _____
Shukri Financial Services Inc
Business Name #Document

Walk in ____ Will wait

___ **Certified Copy -**
__ **Certificate of Status -**

NEW FILINGS

____ Profit
____ Not for Profit
__ LLC
_____Domestication
__X_ INC
__ CORP
___ PLLC

AMENDMENTS

__ __Amendment
_____Resignation of R.A.
____ Change of Registered Agent
____ Revocation of Dissolution
___ Conversion
___ __Statement of Authority
____ Merger
____ DISSOLUTION

OTHER FILINGS

____TRANSMITTAL LETTER

____Fictitious Name -

_____ Statement of Authority

____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

__ Foreign Filing
____ Partnership
____Reinstatement
____ Statement of CORRECTION

____Domestication

_____ ____Other

EXAMINER'S INITIALS:_____

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Shukri Financial Services Inc
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☑ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Shukri Financial Services Inc
Name (Printed or typed)

7834 Sienna Springs Dr
Address

Lake Worth, FL 33463
City, State & Zip

Daytime Telephone number

payroll@accountantsnow.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: Shukri Financial Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
7834 Sienna Springs Dr
Lake Worth, FL 33463

Mailing address, if different is:
7834 Sienna Springs Dr
Lake Worth, FL 33463

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Professional Corporation

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ahmad Jamous, Nedal A - President
Address 7834 Sienna Springs Dr
Lake Worth FL 33463

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

PM 3: 22

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Andre Kattoura

Address: 4100 N Powerline Rd Suite B-2

Pompano Beach FL 33073

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Nedal A Ahmad Jamous

Address: 7834 Sienna Springs Dr

Lake Worth FL 33463

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Andre Kattoura — 03/28/2025

Required Signature/Registered Agent — Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

_____ 03/28/2025

Required Signature/Incorporator — Date